

**VIRGINIA DEPARTMENT OF HEALTH
DIVISION OF HIV/STD
BUDGET REALLOCATION REQUEST**

ORGANIZATION: _____

CONTRACT/MOA# _____

BUDGET PERIOD _____

GRANT PROGRAM _____

<u>LINE ITEM</u>	<u>PREVIOUSLY APPROVED BUDGET</u>	<u>REQUESTED BUDGET REVISION</u>
• PERSONNEL:	_____	_____
• FRINGE:	_____	_____
• TRAVEL:	_____	_____
• EQUIPMENT:	_____	_____
• SUPPLIES:	_____	_____
• CONTRACTUAL:	_____	_____
• OTHER (SPECIFY):	_____	_____
<u>TOTAL:</u>	_____	_____

JUSTIFICATION:

1. Reason why funds are available to be rebudgeted.

2. Proposed use for the rebudgeted funds.

CERTIFICATION:

I certify that this rebudgeting is necessary to achieve project objectives, is consistent with contract/MOA terms and conditions and Virginia Department of Health policies, represents effective utilization of resources, and does not constitute a change in scope.

CONTRACTING AGENCY:

VDH APPROVAL:

Signature

Signature

Printed Name

Printed Name

Title

Title

Date

Date